## UNITED ST. S PATENT & TRADEMARK OFFI Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND 10/527079						522020	
1 Date of Request: 2 Serial/Patent #							
3 Please refund the following fee(s):			4 PAP		5	DATE FILED	6 AMOUNT
Filing							\$
Amendment							\$
Extension of Time							\$
Notice of Appeal/Appeal							\$
Petition							\$
Issue						-	\$
Cert of Correction/Terminal Disc.							\$
Maintenance							\$
Assignment							\$
Other							\$
		7 TOTAL AMOUNT OF REFUND			лт	\$	
			8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check					
Overpayment	· · · · · · · · · · · · · · · · · · ·				red	it Depo	osit A/C #:
Duplicate Payment				9			<u> </u>
No Fee Due (Explana	tion):			<del></del>			
·							
11 REFUND REQUESTED BY:					·		
TYPED/PRINTED NAME:				r	TTL	E:	
SIGNATURE:			F	MON	E:	,	
OFFICE: ************************************							
1,000,000	FINANCE	•	DATE	: DĀ	1156586 1204	f: 0//08/20 6 Name/Nu	005 PKIDWELL 8015203600 umber:10523839 \$500.00 CR

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B